

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3062AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2009
NAME OF PROVIDER OR SUPPLIER QUINN'S DESERT HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 478 PEARBERRY AVENUE LAS VEGAS, NV 89123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/27/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview on 5/27/09, the administrator failed to ensure the facility backyard was free of gardening refuse. The hall	Y 178		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1 bath had an accumulation of dirt on the floor and evidence of the use of a common hand towel. The kitchen walls surrounding the stove showed extensive accumulation of grease spatter and the filter for the exhaust fan over the stove was covered in grease. Severity: 2 Scope: 3	Y 178		
Y 223 SS=F	449.213(3) Laundry-Linen - Equipment, Venting NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. This Regulation is not met as evidenced by: Based on observations and interview on 5/27/09, the facility failed to keep the laundry room clean and prevent the collection of lint and lost articles from collecting behind the washer and dryer . Severity: 2 Scope: 3	Y 223		

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Y 898	Continued From page 2	Y 898			
Y 898 SS=C	<p>449.2744(1)(b)(4) Medication / MAR</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 5/27/09, the facility failed to ensure the medication administration record (MAR) was accurate for 5 of 6 residents (Resident #1, #2, #4, #5 and #6).</p> <p>Severity: 1 Scope: 3</p>	Y 898			
Y 923 SS=F	<p>449.2748(3)(b) Medication Container</p> <p>NAC 449.2748</p> <p>3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be:</p> <p>(b) Kept in its original container until it is administered.</p>	Y 923			

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Y 923	Continued From page 3 This Regulation is not met as evidenced by: Based on observation and interview on 5/27/09, the facility failed to keep medications belonging to 5 of 6 residents in their original container (Resident #1, #2, #4, #5 and #6) Severity: 2 Scope: 3	Y 923			
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation on 5/27/09, matches, hand lotion, nail polish remover, hand soap and shampoo were left unattended and accessible to 6 of 6 residents. Severity: 2 Scope: 3	Y 994			

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